

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 582090

FILING DATE

06-08-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		0			
2		1		1		
3	1		1			
4	3		1			
5	3		1			
6	3		1			
7	3		1			
8	3		1			
9	3		1			
10	3		1			
11	①		1			
12	①		1			
13	1		1			
14	1		1			
15	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	33	←	20	←	←	←
TOTAL CLAIMS	38	████████	25	████████	████████	████████

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.		████████		████████	████████	████████
TOTAL CLAIMS		████████		████████	████████	████████